

REMARKS

Applicant's counsel thanks the Examiner for the careful consideration given the application. The specification has been amended as requested by the Examiner. The amendment to claim 14 finds basis mainly in former claim 1. The term implantandontics has been amended to immediate loading technique to better define the technique. Basis for said amendment can be found at page 1, lines 28- page 2 line 5 of the specification.

The patient's mouth feature finds basis at page 3, line 31-32 and the wound feature at page 4, line 16.

The impression is secured in the material as described at page 1, lines 29-30.

The removal of the impression finds basis at page 3, line 24-25.

Present claims 15-24 correspond to preferred embodiments and find basis in former claims 15-24.

35 USC 102

Clearly amended claims 14-24 are novel in view of the prior art cited. No document cited describes a method for impression-taking in immediate loading technique in a patient's mouth that contains an open wound.

Jada et al., which teaches poly-dialkyl-siloxane material, does not teach that said poly-dialkyl-siloxane material needs to be sterile, nor its use in a method for impression-taking in immediate loading technique.

35 USC 103

The Examiner has cited in the Office action that the combination of Jada et al. with Jacob et al. and Miyahara et al and/or Bublewitz et al. renders the former claims 1-12 and 14-24 obvious.

Jada et al. teaches the poly-dialkyl-siloxane material, optionally with radiopaque fillers.

The difference between the current claim 14 and Jada et al. is that said material is

- i) sterilized and
- ii) it is used in a method for impression-taking in immediate loading technique in a patient's mouth that contains an open wound. **Dental practice is not the same as immediate loading technique.** As explained from page 2, line 2 to page 3, line 12 of the specification, immediate loading technique require more intensive action on the patient's mouth than normal dental practice.

This technique of immediate loading is well known to the person having ordinary skill in the art. Please find enclosed an explanation of what is involved in immediate loading technique.

Deeper incisions need to be made (ref. page 2, line 28-29) and holes in the bone are made for grafting implants (ref. page 3, line 2).

These are clinically notable differences with normal dental practice, and they require a poly-dialkyl-siloxane with a higher degree of sterility.

Thus it is clear that the difference in use between normal dental practice and immediate loading technique, as described in the present Application, is substantial.

The two differences mentioned above lead to the effect that said material could be used in immediate loading technique, whereas there is no such teaching in Jada et al. that would lead a person having ordinary skill in the art to deduce using such poly-dialkyl-siloxane in a impression-taking in immediate loading technique in a patient's mouth that contains an open wound.

The Examiner has cited Jada et al. in combination with Jacob et al. Jacob et al teaches a method of sterilising material for dental practice (ref. col.1, lines 43-52). Thus the Examiner argues that the difference (i), ie. sterility, is rendered obvious.

However, it is clear that Jacob et al does not render obvious the second above mentioned difference with Jada et al, which is a method for impression taking in immediate loading technique in a patient's mouth that contains an open wound.

As already mentioned above, the immediate loading technique is not the same as normal dental practice and requires materials with the characteristics cited at page 3, line 13 to page 4, line 32 of the present Application, especially the section at the start at page 4, lines 2-8.

Furthermore, it is clear that Miyahara et al and Bublewitz et al. do not add anything new to the prior art cited with regards to using said material for impression taking in immediate loading technique as described in claim 14.

Hence it is clear that the choice of the material for impression taking in immediate loading technique as described in claim 14 is especially apt, rendering it both novel and inventive over the prior art cited.

For all these reasons, it is clear that claim 14 as now presented is patentable over the applied references. The remaining claims are in dependent form and accordingly are allowable as depending from an allowable base claim. A Notice of Allowance is accordingly respectfully requested.

If any additional fees are required by this communication, please charge such fees to our Deposit Account No. 16-0820, Order No. BUG5-36494.

Respectfully submitted,

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1 After threaded implant placement, attach transfers with 1.25mmD Hex Tool. For implants with a Fixture Mount/transfer already attached, proceed to step 2. Optional: Long impression screws may be used for open tray impression technique.



2 Block out the top of the transfer and any exposed sutures. Place light body impression material around each transfer and record a full-arch impression with standard body material. Remove the impression after it fully sets. Unscrew transfers from implants and forward with impression for fabrication of a stone model.



3 Connect the transfer to a corresponding replica and insert assembly back into the impression. Create stone model. If desired, use soft tissue material to represent the gingival tissues. Remove transfers.



4 Attach Bar Gold Copings to replicas with a 1.25mmD Hex Tool. *Notes:* Alternative technique involves use of screw retained abutments with gold copings for cast bars.



5 Cut and shape gold bar patterns to fit between the Bar Gold Copings. Lute them in place with an autopolymerizing resin parallel to the plane of occlusion. Remove framework from the stone model. Solder the bar segments to the Bar Gold Copings. Finish and lightly polish the soldered bar. Caution: Do not over-polish the areas of the bar that will accept the clip(s).



6 Verify the bar fits passively in the patient's mouth. If necessary, correct the bar by sectioning and resoldering.



7 There are two alternatives for processing the clips to the bar: laboratory or intraoral. For the laboratory technique, remove the bar and send back to the lab for processing of the clips on the stone model. The intraoral technique allows the dentist to pick up the clips off the bar. The patient's existing denture can be used as a new denture fabricated by the laboratory. To pick up the clips, follow fractional resubstitution techniques.



8 Secure the bar in place with fixation screws and tighten to the proper torque with a calibrated prosthetic torque wrench. Reseat the denture and make final adjustments.

* Immediate loading is indicated for use with Tapered Screw-Vent[®] AdVent[®], Screw-Vent[®], SwissPlus[®] and Spline Twist[®] implant systems only. For use with Zimmer Dental AdVent[®], Tapered Screw Vent[®], Spline Twist[®], Screw Vent[®], and SwissPlus implant systems in fully edentulous mandibles.

